MAPA									
Under Paperwork Redu	ction Act of 1995	no persons are requ	iired to re	U.S. Pater spond to a collection	nt and Trademar	k Office; U.S. DE	PTO/SB/17 (12-04v2) 07/31/2006. OMB 0651-0032 PARTMENT OF COMMERCE s a valid OMB control number		
	Effective on 12/08/2004.					Complete if Known			
distributions (H.R. 4818).				Application Nu	mber	10/625,837			
FEE TRANSMITTAL				Filing Date		July 22, 2003			
For FY 2005				First Named Inventor		Charles H. Reynolds			
				Examiner Name		Hal Ira Kaplan			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2836			
TOTAL AMOUNT OF PAY	MENT (\$)	405.00		Attorney Docke	et No.	512-(	001620US		
METHOD OF PAYMEN	NT (check all t	hat apply)							
Check Credit	Card M	oney Order	Non	e X Other	please identify	): Deposit	Account		
X Deposit Account	Deposit Account i	Number:5	0-0893	Deposit A	ccount Name: S	Quine Intellectua	al Property Law Group, P.C		
For the above iden			or is her						
X Charge fee(	s) indicated belo	ow		Char	ge fee(s) indic	ated below, ex	cept for the filing fee		
		) or underpayme	nts of fee	<u>-</u>	it any overpay		-		
under 37 CF under 37 CF WARNING: Information on this information and authroization o			informatio		, , ,		it card		
FEE CALCULATION		- ',					·		
1. BASIC FILING, SEA	FILING FI	EES		CH FEES		TION FEES			
Application Type		nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE	ES					Fee (\$)	Small Entity		
Fee Description  Fach claim over 20	Each claim over 20 (including Reissues)					50	<u>Fee (\$)</u> 25		
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent			·			360	180		
Total Claims	<u>Claims</u> <u>Extra Claims</u> <u>Fee (S)</u> <u>Fee</u> 20 or HP = x =			Paid (\$)		Multiple De Fee (\$)	ependent Claims Fee Paid (\$)		
+tP = highest number of lot	at daims paid for,	, it greater than 20.				i ee (3)	<u>, ee raiu (s)</u>		
Indep. Claims	Extra Claim:	s Fee (\$)		Paid (\$)					
- 3 or HP = HP = highest number of ind	ependent claims	_ X paid for, if greater th	. ≖ <u></u> ıan 3.	<del></del>					
3. APPLICATION SIZE	FEE								
If the specification and listings under 37 CFR 1	drawings exce	eed 100 sheets o polication size fe	ot papei se due i	r (excluding ele s \$250 (\$125 fo	ectronically file or small entity	ed sequence /) for each ad	or computer Iditional 50		
sheets or fraction there	or. See 35 U.	S.C. 41(a)(1)(G	) and 27	7 CFR 1.16(s).					
<u>Total Sheets</u> - 100	Extra Sheet	<u>Number</u> /50 =		h additional 50 d	or fraction there o a whole num		(\$) Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specific	cation, \$130			_			Fees Paid (\$)		
Other (e.g., late filing	a surcharae):	:							
Other: Request for	extension of t	ime					510225		
Other: Information							180		
Other : Other :									
Other :		-					-		
Other :									
SUBMITTED BY	111	7//							
Signature (	11/	PXIA		Registration No.	36 579	Telepho	ne 5/0-388-708		

Stephen J. LeBlanc